

Tennessee Medicare Advantage and Cost Prescription Drug Plans

*The beneficiary drug premium covers prescription drugs only. Medicare Advantage plans also cover Medicare medical and hospital benefits, and supplemental benefits. Plan premiums vary for these benefits. Beneficiaries generally are responsible for the Part B premium.

Includes contracts/plans approved as of September 25, 2005. The data does not reflect information for Plans offering Part B only services, some demonstrations, PACE organizations, employer sponsored plans, or plans that were not approved by the "As of" date of the chart.

Organization Name	Plan Name	Percent Beneficiaries with Access to Plan in State	Beneficiary Drug Premium *	Type of Medicare Advantage Plan				Cost Plans	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Coverage Gap		Mail Order Offered	Number of Top 100 Drugs on Formulary
				HMO	Local PPO	Regional PPO	Private Fee-for-Service		Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
BlueCross BlueShield of Tennessee	BlueAdvantagePlus	38%	\$37.98				•		•			•			•	94
	BlueAdvantagePlus	11%	\$37.98				•		•			•			•	94
	BlueAdvantagePlus	50%	\$37.98				•		•			•			•	94
Cariten Senior Health	Cariten Senior Health Complete	40%	\$32.33	•						•		•			•	83
	Cariten Senior Health-Advantage Plus	34%	\$39.24	•						•		•			•	83
	CSH Advantage Plus (Hamilton)	6%	\$39.24	•						•		•			•	83
Cariten Senior Health (PPO)	Cariten Senior Health PPO	32%	\$39.24		•					•		•			•	83
Healthspring, Inc.	Special Care	46%	\$0.00	•							•				•	83
	Total Care	46%	\$15.91	•							•				•	83
	HealthSpring PPO	25%	\$18.56		•						•				•	83
	HealthSpring Prime	46%	\$18.56	•							•				•	83
	HealthSpring Plus	46%	\$23.50	•					•			•	•		•	83
Humana Insurance Company	Humana Gold Choice PFFS H1804-009	27%	\$0.00				•		•			•			•	97
	HumanaChoicePPO PPO R5826-033	100%	\$19.01			•					•	•			•	97
	HumanaChoicePPO PPO H4408-001	12%	\$27.62		•				•			•			•	97
	HumanaChoicePPO PPO H4408-002	13%	\$27.62		•				•			•			•	97
	Humana Gold Choice PFFS H1804-019	44%	\$27.67				•		•			•			•	97
	Humana Gold Choice PFFS H1804-020	28%	\$27.67				•		•			•			•	97
	HumanaChoicePPO PPO R5826-001	100%	\$29.28			•			•			•			•	97
John Deere Health Plan, Inc.	Secure Plus 15	30%	\$29.29	•					•			•			•	89
	Secure Plus 20	30%	\$29.29	•					•			•			•	89
	Secure Plus 25	30%	\$29.29	•					•			•			•	89
	Secure Plus Prime	30%	\$29.29	•					•			•			•	89
	Secure Plus 15	30%	\$43.90	•					•			•			•	89
	Secure Plus Prime	30%	\$43.90	•					•			•			•	89
	Secure Plus Prime	30%	\$43.90	•					•			•			•	89
United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx	5%	\$0.00				•		•			•			•	96
United Healthcare Of Tennessee, Inc.	UnitedHealthcare Medicare Complete Rx	11%	\$0.00	•					•			•			•	96
	UnitedHealthcare Medicare Complete Plus Rx	11%	\$19.90	•					•			•			•	96
Windsor Medicare Extra	Windsor Medicare Extra Gold Plan	13%	\$29.00	•					•			•	•		•	97
	Windsor Medicare Extra Gold Plan	10%	\$31.00	•					•			•	•		•	97
	Windsor Medicare Extra Gold Plan	2%	\$31.76	•					•			•			•	97
	Windsor Medicare Extra Gold Plan	10%	\$31.76	•					•			•			•	97
	Windsor Medicare Extra Gold Plan	13%	\$31.76	•					•			•			•	97
	Windsor Medicare Extra Platinum Plan	2%	\$31.76	•					•			•			•	97
	Windsor Medicare Extra Platinum Plan	10%	\$31.76	•					•			•			•	97
	Windsor Medicare Extra Platinum Plan	13%	\$31.76	•					•			•			•	97
	Windsor Medicare Extra Comprehensive Plan	13%	\$32.33	•							•				•	97
	Windsor Medicare Extra Comprehensive Plan	2%	\$32.33	•							•				•	97
	Windsor Medicare Extra Comprehensive Plan	10%	\$32.33	•							•				•	97
	Windsor Medicare Extra Platinum Plan	13%	\$38.44	•					•			•	•		•	97
	Windsor Medicare Extra Platinum Plan	10%	\$38.44	•					•			•	•		•	97